Death of southern Utah mother rekindles lay midwifery dispute

8-9-88

But a resolution is nowhere in sight

By JoAnn Jacobsen-Wells
Deseret News medical writer

The death of a southern Utah mother has rekindled a long-standing controversy in Utah: Should someone or some agency be overseeing the practice of lay midwifery?

The response of the director of the Utah Department of Health is an emphatic "yes."

Dr. Suzanne Dandoy wants to see some kind of minimal training and mandatory knowledge base for people to qualify for service as lay midwives. But, she candidly admits, it doesn't seem feasible — in Utah, anyway.

"The lay midwives do not want any kind of law of that dimension. There doesn't seem to be a strong feeling among people involved in home births that they want us to do something," she said in a Deseret News interview. "The medical community, I believe, would balk at giving any official recognition to lay midwives.

"We are the only people who seem to think there's a problem and something should be done about it."

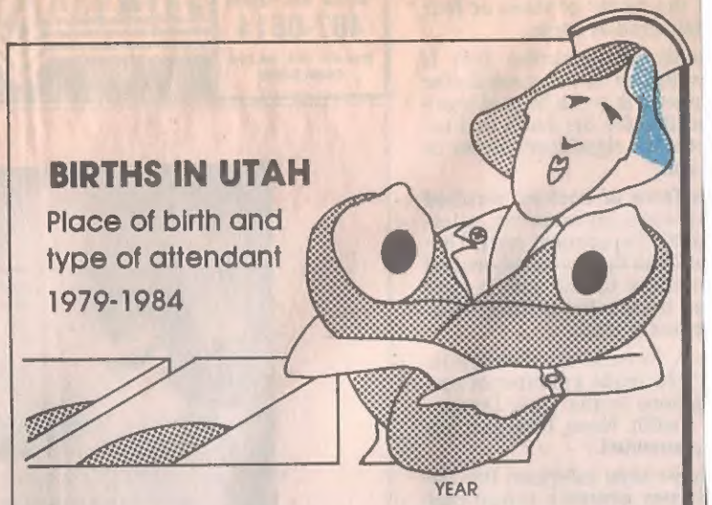
Discussion on the issue heightened recently following the trial of a Cedar City man whose wife died during a home birth, while he allegedly performed ritualistic chants and gave her herbal tea.

James Edward Peiffer, 48, also known as Gentlewind, was sentenced to 18 months probation on his guilty plea to negligent homicide. He pleaded guilty to the reduced charge during his trial for the death on July 4, 1987, of his wife during delivery of a healthy baby at home.

In exchange for his plea, prosecutors dismissed a single count of manslaughter.

Prosecutors claimed Eileen Fuhriman, 39, who had difficulty delivering the placenta, allegedly bled to death while her husband said chants and offered her tea to

Please see MIDWIFE on B2



BIRTHS IN UTAH

Place of birth and type of attendant 1979-1984

YEAR

	1980	1981	1982	1983	1984
TOTAL BIRTHS	42,801	42,384	42,760	40,614	39,390
HOSPITAL	38,214	39,538	41,983	41,634	42,135
BIRTHING CENTER				314	386
PRIVATE RESIDENCES, DOCTOR'S OFFICE OR OTHER PLACE	666	750	777	762	763
Medical doctor	92	90	111	72	69
Other doctor	1	2	1	5	3
CNMW*	12	2	11	3	3
Midwife	333	409	433	457	488
Other	226	246	217	225	200
Not stated		1	4		

*Certified nurse midwife

MIDWIFE

Continued from B1

stop her bleeding. They said Peiffer, a Caucasian, claimed to be a medicine man. But he had been warned not to participate in home births because his wife had difficulty in five previous childbirths, prosecutors said.

A lay midwife delivered the child.

According to prosecutor Keith F. Oehler, the midwife was charged with manslaughter, a second-degree felony, and in January a preliminary hearing was conducted in the cases of the midwife and Peiffer.

Oehler said the circuit judge determined that Peiffer knew about the substantial risk of death to his wife. The midwife didn't actually know about the risk, but should have, the judge concluded. The charge against the midwife was reduced to negligent homicide.

However, Oehler, a former assistant Iron County attorney now in private practice, said he asked that the charges against the lay midwife be dropped, pursuant to the plea bargain agreement with Gentlewind.

He since has moved that the court dismiss all charges against the midwife.

But the incident further sparked the already heated issue.

"As far as we are concerned the case illustrates that there are dangers in home births; these are not easy practices, and both mothers and babies can die," Dandoy stressed. The Health Department has been notified of the deaths of three or four babies delivered at home.

"Secondly, it illustrates that if there is someone else responsible for what happens, they can be held legally responsible for the death that occurs. Both are significant pieces of information."

A task force of doctors, certified nurse midwives, lay midwives, attorneys, Health Department staff, University of Utah faculty members and representatives of the public, was appointed by Dandoy to study midwifery issues in Utah.

The task force, which finished its work in 1986, made a number of recommendations to the Utah Department of Health. None, however, has been implemented.

"We have been informed (by the Utah attorney general's office) that we have no legal authority to register lay midwives or provide information to people who inquire about which lay midwives might be better informed," Dandoy said.

The department had hoped to establish a system by which complaints about lay midwives could be handled. The message from the attorney general's office is that the department could be liable is such a system were initiated.

Thus the situation in Utah is this: Anyone who wishes to work as a lay midwife may do so without any oversight by any agency.

The Legislature has the authority to assign that responsibility, but, unlike lawmakers in other states, Utah legislators have chosen not to do so.

A few states, like Arizona and Texas, have legislated either a licensure or registration program. Other states have completely outlawed lay midwives. Still others remain silent as they have determined lay midwifery is not an issue.

But Utah, Dandoy said, has a considerable number of home births. In 1984 (the latest statistics available), at least 488 children were delivered by lay midwives.

"It is a significant issue here, particularly when we have mothers and babies dying," the executive said. "I don't think we are going to be in a position to abolish home births in Utah. That would be unrealistic."

But Dandoy wants better education for Utah families about the potential dangers of home births.

"They ought to know whether the persons they have asked to serve as lay midwife assistants do have the training, do know how to summon emergency help, do know what to do in an emergency situation," she stressed.

Midwives permitted to deliver babies at Am.F. Hospital

By Laura Childers 8-21-88
Deseret News correspondent

AMERICAN FORK — After calming protests from some staff members, midwives have received permission to deliver babies at American Fork Hospital.

One child has already been delivered by La Rita Evans, the certified nurse midwife who will supervise the group that will work at American Fork.

Evans is a registered nurse who has been bringing babies into the world in hospital settings for 13 years. She has contracted with two doctors at the hospital to work with the midwives when they become involved in problem deliveries.

The arrangement benefits the midwives, because it allows patients the safety net of physician care, and the doctors get a retainer fee whether they help with the delivery or not. Evans and Dr. E. William Parker, one of the doctors contracted to work with her, refused to say how much of a patient's $950 delivery fee is used for the retainer. Mothers who have problem deliveries do not have to pay extra unless they are admitted to the hospital for procedures like Caesarean sections. In that case, they pay the midwife's fee and a bill by the doctor.

Some American Fork Hospital doctors who are not involved in the contract with the midwives were concerned about having them work in the hospital because they think it's not as safe and, Parker said, because they are worried about losing business themselves.

"The doctors want to maintain their little turf," he said.

Nevertheless, all of the obstetricians on staff at American Fork have agreed to assist the midwives if the contracted doctors are not available during an emergency.

The hospital has established guidelines to help define when doctors should become involved. The standards are more strict than those at Orem Community Hospital and less so than the standards at Utah Valley Regional Medical Center. But Parker said he believes the guidelines are mostly there to appease concerned doctors.

For instance, American Fork will require a doctor to complete a hands-on examination whenever labor deviates from the norm, such as when it continues for an unusually long time. But Parker said it will be mostly ceremonial.

"In reality, what I will do is pass through in the room and say, 'hello, we're going to start some (medication),' and walk out to satisfy the hospital," Parker said. "I have never been ill at ease at all with the standard of La Rita's practice. She's providing about 95 percent of the care to her patients. With a midwife, she is at the bed with the patient during the entire labor. There are a number of people who feel that's a distinct advantage."

Evans said some women will choose a midwife whether they can find one who works in a hospital or not, because some people want a woman doctor and Utah County has no female obstetricians.

Parker said it is important to make certified midwives available at hospitals so women will not be tempted to turn to lay midwives, who don't necessarily have any medical training and don't work in a hospital.

Reader's forum

Nurse-midwives: a clarification

To the editor:

I am writing this letter in response to an article in your paper about certified nurse-midwives being permitted to deliver babies at American Fork Hospital. I am LaRita Evans, the certified nurse-midwife mentioned in the article. I appreciate the article but I would like to make some clarifications.

I have concerns about the following statements: (1) "the standards are more strict than those at Orem Community Hospital and less so than the standards at Utah Valley Regional Medical Center." The standards of practice for the certified nurse-midwives in our practice are the same regardless of which hospital that we attend a birth. (2) "Evans is a registered nurse who has been bringing babies into the world in hospital settings . . ." I am a registered nurse who is a certified nurse-midwife with a Master of Science degree in Maternal Child Health from the University of Utah and certified by the American College of Nurse-Midwives. I am on the faculties of both the Brigham Young University and University of Utah Colleges of Nursing. I feel that there is not enough understanding of the qualification of certified nurse-midwives.

I must say something in behalf of the obstetricians that support certified nurse-midwives. Dr. David Hatt, Dr. William Parker, and Dr. Jeffery Adams are very qualified physicians who believe in the skill and judgment of the certified nurse-midwives that work in our practice. Their support makes it possible for us to give care to women in this valley.

Your article made it sound like the physicians only give token care when they are called. To the contrary, these physicians give excellent hands-on care. I feel that if the writer of this article wanted to cause a controversy, she has. Our daily life has not been made easier by her help. 9-23-88

LaRita C. Evans, RN, MS, CNM
Orem

Midwives to Honor Mothers

Herald 10 May 1985

In honor of Mother's Day the Utah Chapter of the American College of Nurse Midwives presents art objects celebrating mothers and babies.

The event will be Saturday, May 18, 11 a.m.-3 p.m. at the Art Barn, Finch Lane, Salt Lake City.

For information call Mary Ross in Orem.

High costs of malpractice insurance could drive some midwives out of jobs

By Twila Van Leer 11-6-85
Deseret News staff writer

The inability to get malpractice insurance, coupled with the high cost of what insurance is available, could drive some of Utah's certified nurse midwives out of practice.

Nurse midwives throughout the country have been scrambling to insure themselves against malpractice since some of the companies that have provided that insurance in the past announced they would no longer do so.

Most of Utah's nurse midwives have been able to get insurance through their employers or through a national professional organization, said Ann Deneris, a nurse midwife associated with the Bryner Clinic.

However, premiums have gone up three- to four-fold in some instances — from about $600 per year to at least $2,000.

Deneris said the nurse midwives are trying to negotiate with their national organization to provide insurance, "but the cost may put many of us out of business."

The costs of care by nurse midwives will likely be affected by such significant increases.

The malpractice insurance crisis comes for the nurse midwives at a time when their services are beginning to be more fully accepted in many communities. Nurse midwives are associated with a number of obstetrician-gynecologist groups in Utah and are operating birthing clinics in several settings.

The insurance problem does not reflect fairly on the number of malpractice cases involving nurse midwives, Deneris said. Nationally, 60 percent of obstetricians have been sued by dissatisfied patients, but only 6 percent of nurse midwives. Only one suit has ever been filed against a nurse midwife in Utah, and it involved a poor birth outcome that no professional could have avoided, in her opinion. The matter is still pending.

Insurance companies, however, say they cannot get enough in premiums from the small number of nurse midwives to cover even one large suit. Juries and judges may award millions of dollars in compensation in individual malpractice cases.

The problem the nurse midwives are experiencing is just another facet of a serious malpractice situation in the country, she said. Doctors who deliver babies are in the high-risk groups for malpractice, and many have quit this aspect of their practices because of the threat of suits. Many family practitioners also refuse to deliver babies.

Nurse midwives have become an acceptable alternative for many pregnant low-risk mothers. The costs are generally lower and many women report they get more thorough prenatal and postnatal care from the midwives.

Midwives are required to work in cooperation with a physician who can be summoned immediately in the event of an emergency.